

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name <u>Office of Councilmember Paul Perez</u> Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Cefia</u> Area Code/Phone Number E-mail <u>408-535-4929</u> <u>patricia.cefia@sanjoseca.gov</u>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> RECEIVED Date Stamp San Jose City Clerk </div> 2017 MAY -8 PM 4:48 JH OTC	<div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div>
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 128 and \$ 138

Event Description: WWE Payback Date(s) 4/30/17 _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>P.L.A.Y.C.E</u>	<u>24</u>	<u>Recognition</u>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Paul Perez Councilmember 5/8/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____